

Manufacturer and Product Identification

Manufacturer's Information

Submission Type: ☐ Initial ☐ Revision

Full Name of Company: City Of Sioux Falls - Fleet Division

All Company DBAs: _____

Company Principal Officer: Flaten Jeff Fleet Supervisor
Last First Position

Company Address: 1000 East Chambers Street
Street, Suite No., P.O. Box No.

Sioux Falls South Dakota US 57104
City State/Province Country Postal Code

Company Contact Info.: 605-367-8240 605-367-8239 jflaten@siouxfalls.org
Telephone Facsimile E-mail

siouxfalls.org

Web Site

Submitted by Company Official: Jeff Flaten Fleet Supervisor Aug 12, 2015
Printed Name Company Position Date

Signature Jeff Flaten

Your Company Manufactures What Regulated Equipment Items? (Check all that apply)

(Regulated equipment items are only the T3 equipment listed below that are subject to a Federal motor vehicle safety standard)

- ☐ Tires ☐ Rims ☐ Brake hoses ☐ Brake fluid ☐ Seat Belts ☐ Lamps, Reflectors, and Assoc. Equip. ☐ CNG Containers
☐ Motorcycle Helmets ☐ Child Restraints Systems ☐ Platform Lifts ☐ Rear Impact Guards ☐ Triangular Warning Devices

Your Company Manufactures What Types of Vehicles? (Check all that apply)

(Please identify the approximate GVWR (in pounds) in the space provided below)

<input checked="" type="checkbox"/> Passenger Cars GVWR <u>2500</u> to <u>5000</u>	<input type="checkbox"/> Multipurpose Passenger Vehicles GVWR _____ to _____	<input checked="" type="checkbox"/> Trucks GVWR <u>10,500</u> to <u>64,000</u>	<input type="checkbox"/> Low-Speed Vehicles GVWR _____ to _____
<input type="checkbox"/> Pole Trailers GVWR _____ to _____	<input type="checkbox"/> Buses (other than School Buses) GVWR _____ to _____	<input type="checkbox"/> School Buses GVWR _____ to _____	<input type="checkbox"/> Motorcycles GVWR _____ to _____
<input checked="" type="checkbox"/> Trailers GVWR <u>7000</u> to <u>110,000</u>			

- ☐ Incomplete vehicles - means an assemblage consisting, at a minimum, of chassis (including the frame) structure, power train, steering system, suspension system, and braking system, in the state that those systems are to be part of the completed vehicle, but requires further manufacturing operations to become a completed vehicle. Also means an incomplete trailer. GVWR _____ to _____

What Type of Vehicle Manufacturer or Alterer is Your Company? (check all that apply)

Note: If you are a completed vehicle or incomplete vehicle manufacturer, you must also submit VIN deciphering info under 49 CFR Part 565

- ☐ Completed Vehicle Manufacturer - a manufacturer of vehicles that require no further manufacturing operations to perform their intended function
- ☐ Incomplete Vehicle Manufacturer - a manufacturer of incomplete vehicles, as defined above
- ☐ Intermediate Manufacturer - a manufacturer (other than the incomplete vehicle manufacturer or the final-stage manufacturer) who performs manufacturing operations on a vehicle manufactured in two or more stages
- ☐ Final-Stage Manufacturer - a manufacturer who performs such manufacturing operations on an incomplete vehicle that it becomes a completed vehicle
- ☒ Alterer - a person who alters by addition, substitution, or removal of components (other than readily attachable components), a certified vehicle before the first purchase of the vehicle other than for resale

Instructions for Completing, Revising, and Submitting Your Information

49 CFR Part 566 requires that a manufacturer of motor vehicles and regulated motor vehicle equipment items submit to NHTSA not later than 30 days after manufacturing begins, information about the company and the products it manufactures. This suggested form will assist a manufacturer to comply with Part 566. Please complete the form by typing or clearly printing. Each manufacturer who has submitted this information must keep its entry current, accurate, and complete by submitting revised information not later than 30 days after the relevant changes in its business occur.

Mail the completed form to:
Attention: VIN Coordinator
National Highway Traffic Safety Administration
1200 New Jersey Avenue, SE
West Building, Room W45-207
Washington, DC 20590
Fax: 202-366-3081